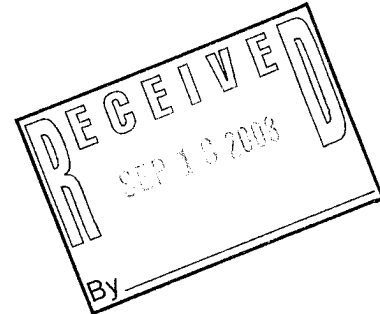


Smith Management Group



Management Consulting
Safety/Industrial Hygiene
Information Technology
Environmental Management

September 17, 2008



Ms. Sara Beard
KPDES Branch
Division of Water
200 Fair Oaks
Frankfort, KY 40601

SUBJECT: Enclosed **Supplemental Information - KPDES Application**
Cash Creek Generating Station
Henderson County, Kentucky

Dear Ms. Beard:

On behalf of the Cash Creek Generation, LLC (Cash Creek), Smith Management Group (SMG) has enclosed a copy of the supplemental information related to the pending KPDES Application currently under review at the Division of Water (DOW). This package is a complete hard copy of the electronic version provided to you on September 16, 2008.

This updated application reflects responses to your question related to the slag disposal landfill outfalls and compliance with 316(b) requirements. Also please note we have included a modified withdrawal and discharge rate due to Cash Creek's addition of natural gas production at the facility.

Under separate cover, SMG has also provided an application for a revision to Cash Creek's Permit to Withdraw Water to the DOW, Water Quantity Management Section.

We appreciate your assistance in the review of the revised application package for this proposed facility. If you have any questions, please feel free to contact me at 859-231-8936, ext. 102.

Respectfully,

A handwritten signature in black ink, appearing to read "John T. Kelley".
John T. Kelley, P.E.
Senior Project Engineer
johnk@smithmanage.com

1405 Mercer Road
Lexington, KY 40511

(859) 231-8936
Fax (859) 231-8997
<http://www.smithmanage.com>

**CASH CREEK GENERATION, L.L.C
PROPOSED FACILITY IN
HENDERSON COUNTY, KENTUCKY**

In a July 11, 2008 e-mail, the Division of Water ("DOW") requested additional information about the Cash Creek Generation, LLC ("Cash Creek") KPDES Permit Application currently under review. Smith Management Group ("SMG") has since provided technical information in response to the DOW request on August 14, 2008. Following is the response to all of your questions, including the information previously provided on August 14.

July 11 request, Item 1.: Coordinates for the intake structure will need to be provided

Response: Latitude: 37-43-11, Longitude: 87-23-45

July 11 request, Item 2.: Is the intake structure new or is an existing structure being utilized? For new intake structures a 316(b) demonstration/study will need to be performed.

Response: SMG has been gathering data related to updated design information for the Cash Creek facility to demonstrate compliance with 316(b) requirements. Due to Cash Creek's addition of natural gas production at the facility, the water withdrawal will increase to 9,775 gpm or 14.076 MGD. That increase is reflected on the attached revised **Figure 3, Water Balance**. Information to show the compliance demonstration with the Clean Water Act Section 316(b) is shown in **Attachment 1, Water Intake 316(b) Demonstration** and **Attachment 2, Closed Cycle Recirculating System for 316(b) Demonstration**. In a separate submittal to the Division of Water, Water Quantity Management Section, SMG has supplied an application for a Revision to the Permit to Withdraw Water to increase the Cash Creek water withdrawal rate from 8.352 MGD to 14.076 MGD.

July 11 request, Item 3.: Is there an on-site coal storage pile/area? If so, we will need to know where it is located and where the runoff will drain.

Response: Due to the proximity of the Cash Creek site to the coal suppliers, the volume of coal stored on site will be relatively small. A coal pile will be located in a portion of the property shown on Figure 1, "General Facility Location." The coal pile runoff will be consumed in the coal slurry process and coal gasification process.

July 11 request, Item 4.: Does the permittee want to accept the 89°F daily maximum temperature limit or do they wish to complete the 316(a) demonstration/study necessary to get a temperature variance?

Response: The permittee will accept the 89°F daily maximum temperature limit.

July 11 request, Item 5.: How are the waste solids from the coal slurry gasifier disposed of? If they are disposed of on site, in a manner such they could be in contact with stormwater or process waters, this will need to be addressed in the permit.

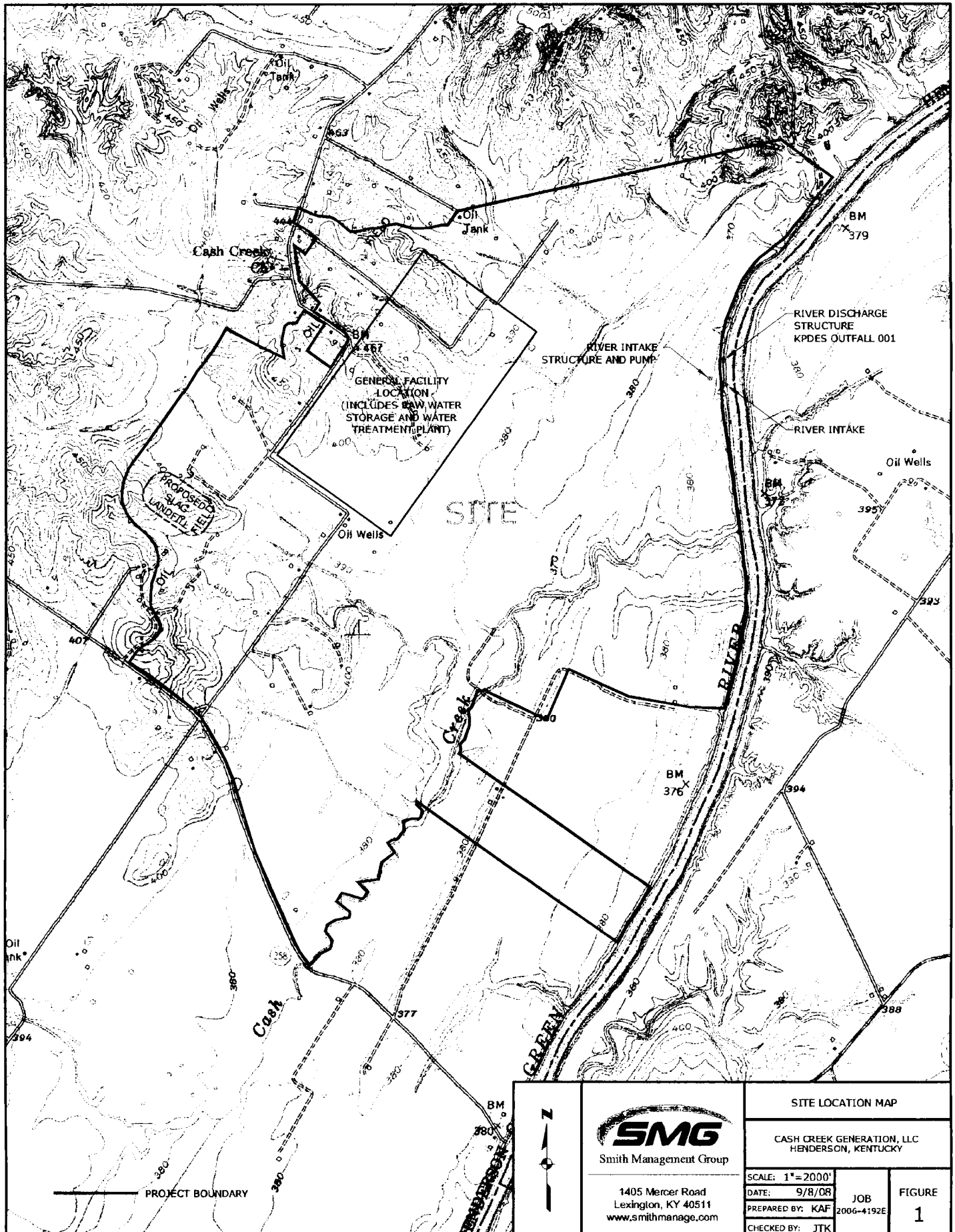
Response: Upon evaluation of alternatives for slag disposal, Cash Creek has determined that the slag generated in the gasification process (and not sold for beneficial reuse) will be disposed on-site in a landfill. Specifically, the landfill will be located on the western edge of the property as shown on the attached revised **Figure 1, Site Location Map**. The operation of the slag landfill will include two stormwater ponds, one on the north side and one on the south side of the landfill to collect the stormwater. The two stormwater ponds have been named the North Pond (KPDES Outfall 005) and the South Pond (KPDES Outfall 007). The pertinent information for Outfalls 005 and 007 have been included in the attached KPDES Form F, including estimated discharge parameters and acreage.


In addition, the leachate from the slag landfill will be collected in the Leachate pond on the north side of the landfill, adjacent to the North Pond. If analysis of the discharge from the Leachate Pond indicates that it meets water quality standards, then the leachate water will be discharged out of Outfall 006 into the North Pond, and ultimately out of Outfall 005. If the leachate does not meet Water Quality Standards, it will be hauled off-site for disposal. The pertinent information for Outfall 006 has been included in the attached KPDES Form C and the attached revised **Figure 3, Water Balance**.

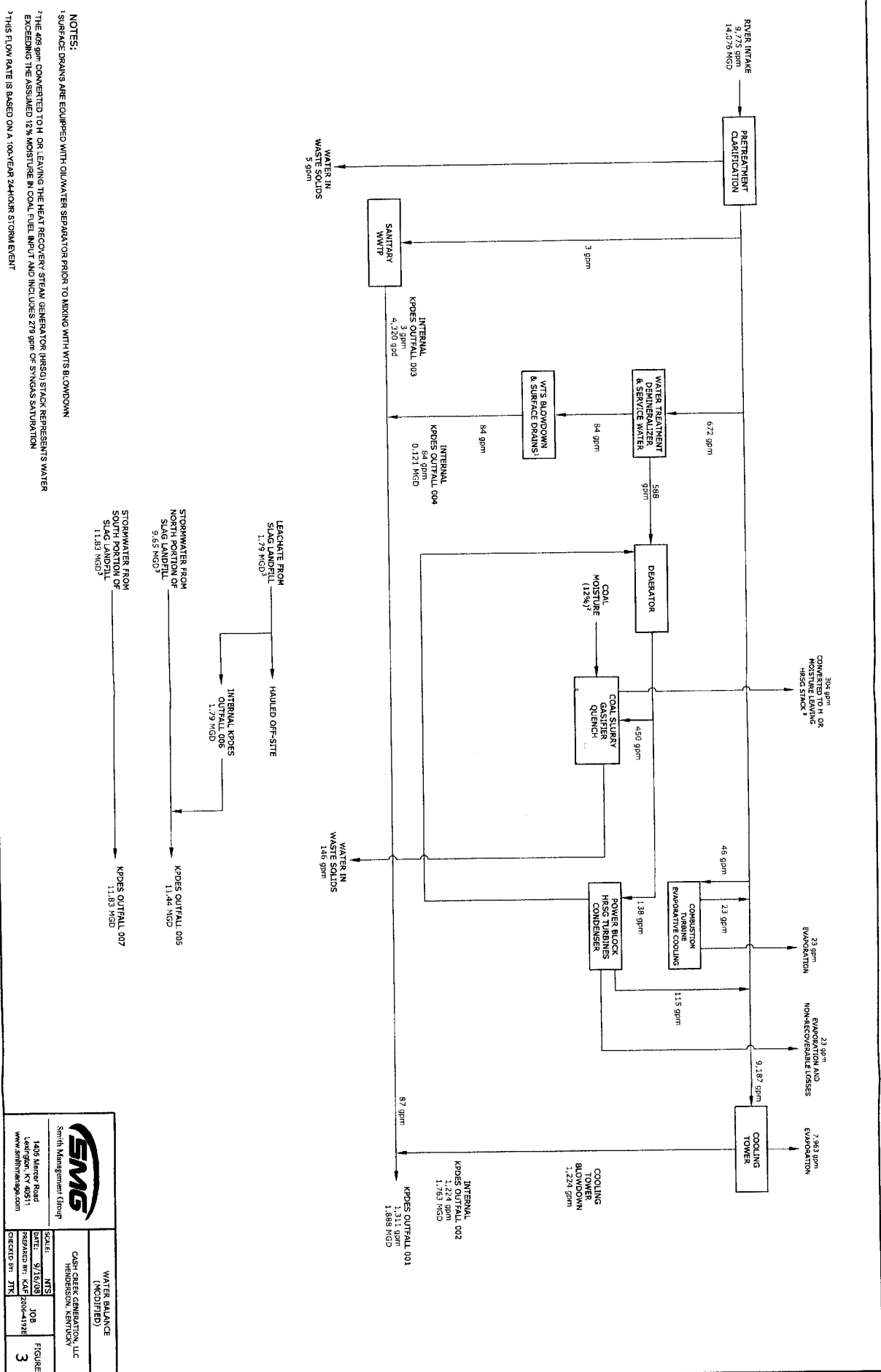
July 11 request, Item 6.: DOW will add an outfall (005) to the permit to cover periodic metal cleaning wastes. This outfall will only have limits/reporting requirements when a discharge occurs (rarely).


Response: Cash Creek will not discharge metal cleaning waste to the waters of the Commonwealth.

REVISED FIGURES



 Smith Management Group 1405 Mercer Road Lexington, KY 40511 www.smithmanage.com		SITE LOCATION MAP	
		CASH CREEK GENERATION, LLC HENDERSON, KENTUCKY	
SCALE: 1"=2000' DATE: 9/8/08 PREPARED BY: KAF CHECKED BY: JTK		JOB 2006-4192E	FIGURE 1



 Smith Management Group		WATER BALANCE (MODIFIED)	
		OSHKOREK GENERATION, LLC HENDERSON, KENTUCKY	
1405 Mercer Road Louisville, KY 40211 www.smgllc.com	SCALE: NTS DATE: 9/15/08 PREPARED BY: KAF 2006-4198E CHECKED BY: JTK	JOB 3	FIGURE

ATTACHMENTS

ATTACHMENT 1

WATER INTAKE 316(b) DEMONSTRATION

CASH CREEK GENERATION, LLC
Cash Creek Generating Station
KPDES Application
Water Intake 316(b) Demonstration

The Cash Creek Generating Station (“CCGS” or the “Project”) raw water intake pipeline will extend into the Green River in Henderson County, Kentucky as shown on attached Drawings SK004B-C (plan view) and SK009V8 (elevation view and details). Raw water will be withdrawn from the Green River via a T-type intake screen design mounted to a 762 mm (30 inch) diameter water intake pipeline flange.

The CCGS raw water intake will comply in all respects with the requirements of Section 316(b) (including screen design, intake screen velocity, head loss and the ‘zone of influence’) of the Clean Water Act as is demonstrated below.

Water Intake Screen Design:

The attached detailed intake screen drawing has been provided by Hendrick Screen Co “HSC”) and is indicative of the intake screen that will be installed at the CCGS. The final screen vendor selection will be made during the Project’s procurement phase and will be consistent with the design criteria delineated in this Section 316(b) demonstration.

Water Intake Screen Velocity:

Section 316(b) sets a maximum water intake velocity limit of 0.15 m/s (0.5 ft/s). This velocity limitation was adopted in the Section 316(b) Phase 1 rules as a technology based standard, based on the United States Environmental Protection Agency’s conclusion that this standard protects ninety-six percent (96%) of marine life that is potentially vulnerable to impingement on water intake screens.

HSC, and all other qualified vendors for the CCGS water intake screen, design their screens to comply with the velocity requirement of Section 316(b). In HSC’s case, the company’s screen engineering design calculations underwent independent testing by the University of Iowa for confirmation that the design met a 0.15 m/s (0.5 ft/s) velocity criteria at any point on the external side of the screen. HSC uses a T-type screen design, with 3.18 mm slit sizing and sixty-four percent (64%) open screen area (which facilitates a large intake flow area in a relatively compact unit) that meets the 0.5 ft/s screen velocity criteria

Screen Slit Sizing:

Discussions with HSC and other intake screen manufacturers have indicated that screen slit sizing of 3.18 mm (0.125 inches) and sixty-four percent (64%) open screen area facilitates compliance with Section 316(b) and represents the prevailing slit size installed domestically. Cash Creek Generation, LLC ("CCG") has selected this screen slit size as the design basis for the CCGS water intake screen.

Screen Cleaning:

Two methods exist to clean the intake screen for the purpose of assuring effective operation and compliance with Section 316(b), use of an air blowback system or use of an automated physical brush system.

CCG has selected use of an air blowback system as the design basis for the CCGS, based on its proven reliability to clean intake screens at installations similar to the CCGS. The CCGS intake screen air blowback system will provide periodic cleaning (approximately once per day) of the screen by blowing air across the screen (counter-flow to intake water flow), which will free and remove particulate and other bio-fouling matter. In addition, periodic (annual) manual inspections and cleaning will be conducted to remove any persistent marine growth.

Head Loss:

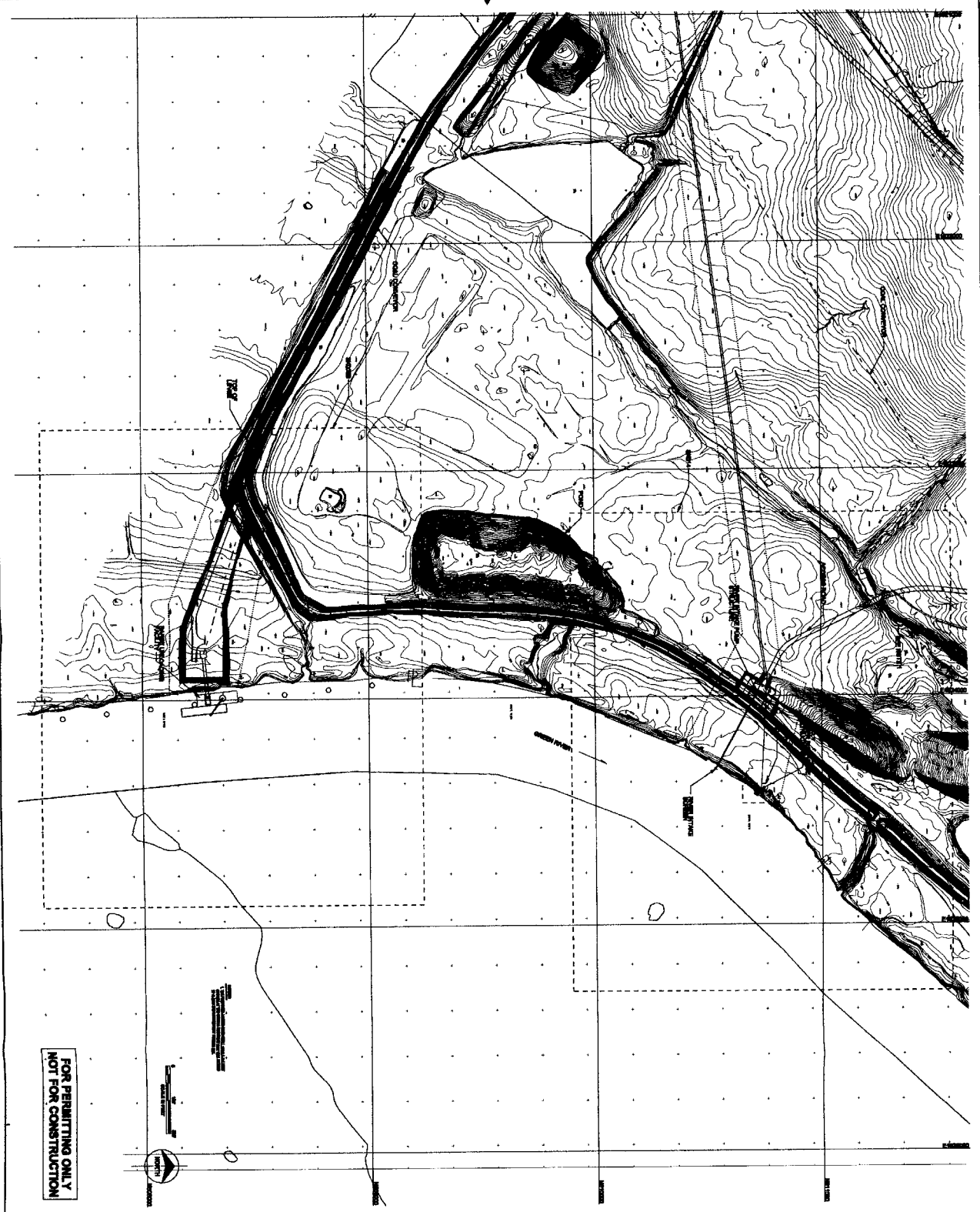
HSC has provided pressure losses for a "clean" and fouled CCGS water intake screen based on the pressure drop across the screen surface. The pressure drop across the face of the screen is minimal due to the low velocity across the face of the screen. For the CCGS intake screen, the pressure drop is approximately 2.5 mm H₂O (0.1 inches) across the intake screen. If the screen were 50% fouled, the pressure drop across the screen surface would increase to 3.3 mm H₂O (0.13 inches).

Zone of Influence:

HSC is based in Western Kentucky and has experience in calculating an expected zone of influence for intake screens located in the Green River. HSC has indicated that a water intake screen with a screen velocity less than or equal to 0.15 m/s (0.5 ft/s) in Green River will have a minimal zone of influence of less than one meter from the surface of the screen. They have further indicated that the zone of influence, despite some 'turbulence' immediately downstream of the water intake structure, will be very limited and have little impact on the wider river ecosystem.

Conclusions:

The CCGS water intake screen will be designed and installed to meet or exceed all criteria specified by Section 316(b) of the Clean Water Act.



FOR PERMITTING ONLY
 NOT FOR CONSTRUCTION



THE ERONA GROUP, LLC 10000 E. WINDYWAY SUITE 100 DENVER, CO 80231		CHARTERED ENGINEERING 10000 E. WINDYWAY SUITE 100 DENVER, CO 80231	
PROJECT INFORMATION PROJECT NO. 07-001 PROJECT NAME: 10000 E. WINDYWAY PROJECT LOCATION: 10000 E. WINDYWAY PROJECT DATE: 07/01/07		DESIGNER INFORMATION DESIGNER: CHARTERED ENGINEERING DESIGNER ADDRESS: 10000 E. WINDYWAY DESIGNER PHONE: (303) 755-1000 DESIGNER FAX: (303) 755-1001	
CLIENT INFORMATION CLIENT: THE ERONA GROUP, LLC CLIENT ADDRESS: 10000 E. WINDYWAY CLIENT PHONE: (303) 755-1000 CLIENT FAX: (303) 755-1001		REVISIONS REVISION NO. 1 REVISION DESCRIPTION: 10000 E. WINDYWAY REVISION DATE: 07/01/07	

no.	date	by	revision
Δ 200207	BLW		ISSUED FOR PERMITTING
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**FOR PERMITTING ONLY
NOT FOR CONSTRUCTION**

date		disks	
BANKS 17, 2007		J. DOLL	
changed		checked	
B. WILSON@COWI		A. BUCHHEIM@COWI	

The ERORA Group LLC

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BROKER CENTER

CHASE CREDIT ASSOCIATION, LTD.

POWER RATING	
STRENGTH	
CREDIT	

product	44281	rev.
8 items	SK009 - D	

ATTACHMENT 2

**CLOSED CYCLE RECIRCULATING SYSTEM
FOR 316(b) DEMONSTRATION**

CASH CREEK GENERATION, LLC
Cash Creek Generating Station
KPDES Application
Water Intake 316(b) Demonstration
Closed Cycle Recirculation System

The Cash Creek Generating Station ("CCGS" or the "Project") raw water intake pipeline will extend into the Green River in Henderson County, Kentucky. Raw water will be withdrawn from the Green River at a maximum rate of 9,775 gallons per minute and 14.076 million gallons per day.

CCGS has designed the facility to comply with the Closed Cycle Recirculation System requirements of 40 CFR 125.84(b)(1). CCGS will minimize the intake water to a level commensurate with the level attained by a closed loop recirculating cooling water system. As shown in the attached Figure 3, Water Balance, Cash Creek will install cooling towers for the facility.

The cooling water system is designed to withdraw water from the Green River and minimize makeup and blowdown flows. The water will be sent to a cooling tower to allow waste heat to be dissipated to the atmosphere and then the water is returned to the system. New source water from the Green River will be used as make-up water to replenish cooling losses that have occurred due to blowdown, drift and evaporation.

Conclusions:

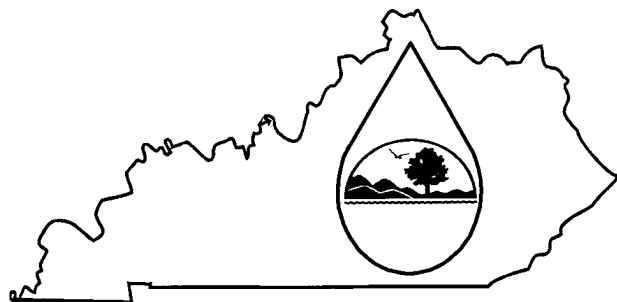
The CCGS water intake system meets the closed cycle recirculation system criteria of 40 CFR 125.84(b)(1) and Section 316(b) of the Clean Water Act.

**KPDES FORMS
FOR SLAG DISPOSAL LANDFILL OUTFALLS**

KPDES FORM C – OUTFALL 006

KPDES FORM F – OUTFALLS 005 AND 007

KPDES FORM C



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, contact KPDES Branch, (502) 564-3410.

Name of Facility: Cash Creek Generation, LLC				County: Henderson			
I. OUTFALL LOCATION				AGENCY USE			

For each outfall list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

Outfall No. (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
006 (Internal)	37	42	53	87	25	29	Stormwater Pond (Outfall 005)

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES

- A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfall. If a water balance cannot be determined (e.g., for certain mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.
- B. For each outfall, provide a description of: (1) all operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) the average flow contributed by each operation; and (3) the treatment received by the wastewater. Continue on additional sheets if necessary.

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	Description	List Codes from Table C-1
006	Leachate from Inert Slag Landfill	1.79 MGD	Discharge to Stormwater Pond	1-U
	(based on a 100-year 24-hour storm)			

II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (Continued)

C. Except for storm water runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☐ Yes (Complete the following table.)

☒ No (Go to Section III.)

OUTFALL NUMBER	OPERATIONS CONTRIBUTING FLOW	FREQUENCY		FLOW				
		Days Per Week	Months Per Year	Flow Rate (in mgd)		Total volume (specify with units)		Duration (in days)
				Long-Term Average	Maximum Daily	Long-Term Average	Maximum Daily	
(list)	(list)	(specify average)	(specify average)					
006	Leachate	7	12	<1.79	1.79	Unknown	Unknown	365

III. MAXIMUM PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☐ Yes (Complete Item III-B) List effluent guideline category:

☒ No (Go to Section IV)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measures of operation)?

☐ Yes (Complete Item III-C)

☐ No (Go to Section IV)

C. If you answered "Yes" to Item III-B, list the quantity which represents the actual measurement of your maximum level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

MAXIMUM QUANTITY			Affected Outfalls (list outfall numbers)
Quantity Per Day	Units of Measure	Operation, Product, Material, Etc. (specify)	
NA			

IV. IMPROVEMENTS

A. Are you now required by any federal, state or local authority to meet any implementation schedule for the construction, upgrading, or operation of wastewater equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders and grant or loan conditions.

☐ Yes (Complete the following table)

☒ No (Go to Item IV-B)

IDENTIFICATION OF CONDITION AGREEMENT, ETC.	AFFECTED OUTFALLS		BRIEF DESCRIPTION OF PROJECT	FINAL COMPLIANCE DATE	
	No.	Source of Discharge		Required	Projected

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding – Complete one set of tables for each outfall – Annotate the outfall number in the space provided.

NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered 5-18.

D. Use the space below to list any of the pollutants (refer to SARA Title III, Section 313) listed in Table C-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

POLLUTANT	SOURCE	POLLUTANT	SOURCE
None known			

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

A. Is any pollutant listed in Item V-C a substance or a component of a substance which you use or produce, or expect to use or produce over the next 5 years as an immediate or final product or byproduct?

☐

Yes (List all such pollutants below)

☒

No (Go to Item VI-B)

--

B. Are your operations such that your raw materials, processes, or products can reasonably be expected to vary so that your discharge of pollutants may during the next 5 years exceed two times the maximum values reported in Item V?

☐

Yes (Complete Item VI-C)

☒

No (Go to Item VII)

C. If you answered "Yes" to Item VI-B, explain below and describe in detail to the best of your ability at this time the sources and expected levels of such pollutants which you anticipate will be discharged from each outfall over the next 5 years. Continue on additional sheets if you need more space.

--

VII. DISCHARGE INFORMATION

A, B, C, & D: See instructions before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided. Tables F-1, F-2, and F-3 are included on separate pages.

E: Potential discharges not covered by analysis - is any toxic pollutant listed in Table F-2, F-3, or F-4, a substance which you currently use or manufacture as an intermediate or final product or by product.

☐ Yes (list all such pollutants below) ☒ No (go to Section IX)

VIII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ Yes (list all such results below) ☒ No (go to Section IX)

IX. CONTRACT ANALYSIS INFORMATION

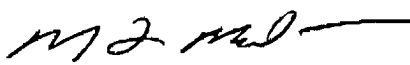
Were any of the analyses reported in item VII performed by a contract laboratory or consulting firm?

☐ Yes (list the name, address and telephone number of, and pollutants analyzed by each such laboratory or firm below; use additional sheets if necessary).
☒ No (go to Section IX)

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed

X. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations.

NAME & OFFICIAL TITLE (type or print)	AREA CODE AND PHONE NO.
Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Michael McInnis, Manager	502-357-9901
SIGNATURE	DATE SIGNED
	9/16/06

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages. (See instructions)

V. INTAKE AND EFFLUENT CHARACTERISTICS (Continued from page 3 of Form C)											OUTFALL NO. 006			
Part A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.														
1. POLLUTANT	2. EFFLUENT										3. UNITS (specify if blank)		4. INTAKE (optional)	
	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a.		b. No of Analyses		
	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				Long-Term Avg. Value (1)	(2) Mass			
a. Biochemical Oxygen Demand (BOD)	Non Detect	ND	ND		ND		0	mg/l	mg/l					
b. Chemical Oxygen Demand (COD)	ND		ND		ND		0	mg/l	mg/l					
c. Total Organic Carbon (TOC)	ND		ND		ND		0	mg/l	mg/l					
d. Total Suspended Solids (TSS)	ND		ND		ND		0	mg/l	mg/l					
e. Ammonia (as N)	ND		ND		ND		0	mg/l	mg/l					
f. Flow (in units of MGD)	VALUE	1.79	VALUE		VALUE	0.35	0		MGD	VALUE				
g. Temperature (winter)	VALUE	Ambient	VALUE	Ambient	VALUE	Ambient	0		°C	VALUE				
h. Temperature (summer)	VALUE	Ambient	VALUE	Ambient	VALUE	Ambient	0		°C	VALUE				
i. pH	MINIMUM 6	MAXIMUM 9	MINIMUM 6	MAXIMUM 9					STANDARD UNITS					

Part B - In the MARK "X" column, place an "X" in the Believed Present column for each pollutant you know or have reason to believe is present. Place an "X" in the Believed Absent column for each pollutant you believe to be absent. If you mark the Believed Present column for any pollutant, you must provide the results of at least one analysis for that pollutant. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT						4. UNITS		6. INTAKE (optional)			
							d. No. of Analyses	a. Concentration			b. Mass	a. Long-Term Avg		b. No. of Analyses
	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)				c. Long-Term Avg. Value (if available)					
			(1) Concentration	(2) Mass	(1) Concentration	(2) Mass			(1) Concentration	(2) Mass		(1) Concentration	(2) Mass	
a. Bromide (24959-67-9)		x												
b. Bromine Total Residual		x												
c. Chloride		x												
d. Chlorine, Total Residual		x												
e. Color		x												
f. Fecal Coliform		x												
g. Fluoride (16984-48-8)		x												
h. Hardness (as CaCO ₃)		x												
i. Nitrate – Nitrite (as N)		x												
j. Nitrogen, Total Organic (as N)		x												
k. Oil and Grease		x												
l. Phosphorous (as P), Total 7723-14-0		x												
m. Radioactivity														
(1) Alpha, Total		x												
(2) Beta, Total		x												
(3) Radium Total		x												
(4) Radium, 226, Total		x												

Part B - Continued														
1. POLLUTANT And CAS NO. (if available)	2. MARK "X"		3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. Believed Present	b. Believed Absent	a.		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a.		b. No. of Analyses
			Maximum Daily Value (1)	Mass (2)	(1)	(2)	(1)	(2)				Long-Term Avg. Value (1)	Mass (2)	
n. Sulfate (as SO ₄) (14808-79-8)		x												
o. Sulfide (as S)		x												
p. Sulfite (as SO ₃) (14286-46-3)		x												
q. Surfactants		x												
r. Aluminum, Total (7429-90)		x												
s. Barium, Total (7440-39-3)	x		0.42		0.42		0.42			mg/l				
t. Boron, Total (7440-42-8)		x												
u. Cobalt, Total (7440-48-4)		x												
v. Iron, Total (7439-89-6)		x												
w. Magnesium Total (7439-96-4)		x												
x. Molybdenum Total (7439-98-7)		x												
y. Manganese, Total (7439-96-6)		x												
z. Tin, Total (7440-31-5)		x												
aa. Titanium, Total (7440-32-6)		x												

Part C – If you are a primary industry and this outfall contains process wastewater, refer to Table C-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark “X” in the **Testing Required** column for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark this column (secondary industries, nonprocess wastewater outfalls, and non-required GC/MS fractions), mark “X” in the **Believed Present** column for each pollutant you know or have reason to believe is present. Mark “X” in the **Believed Absent** column for each pollutant you believe to be absent. If you mark either the **Testing Required** or **Believed Present** columns for any pollutant, you must provide the result of at least one analysis for that pollutant. Note that there are seven pages to this part; please review each carefully. Complete one table (all seven pages) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)				
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses	
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass		
METALS, CYANIDE AND TOTAL PHENOLS																
1M. Antimony Total (7440-36-0)			x													
2M. Arsenic, Total (7440-38-2)		x		<0.02		<0.02		<0.02			mg/l					
3M. Beryllium Total (7440-41-7)			x													
4M. Cadmium Total (7440-43-9)		x		0.02		0.02		0.02			mg/l					
5M. Chromium Total (7440-43-9)		x		<0.01		<0.01		<0.01			mg/l					
6M. Copper Total (7550-50-8)			x													
7M. Lead Total (7439-92-1)		x		<0.05		<0.05		<0.05			mg/l					
8M. Mercury Total (7439-97-6)		x		<0.01		<0.01		<0.01			mg/l					
9M. Nickel, Total (7440-02-0)			x													
10M. Selenium, Total (7782-49-2)		x		<0.02		<0.02		<0.02			mg/l					
11M. Silver, Total (7440-28-0)		x		<0.002		<0.002		<0.002			mg/l					

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)	
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
METALS, CYANIDE AND TOTAL PHENOLS (Continued)															
12M. Thallium, Total (7440-28-0)			x												
13M. Zinc, Total (7440-66-6)			x												
14M. Cyanide, Total (57-12-5)			x												
15M. Phenols, Total			x												
DIOXIN															
2,3,7,8 Tetra- chlorodibenzo, P, Dioxin (1784-01-6)			x	DESCRIBE RESULTS:											
GC/MS FRACTION – VOLATILE COMPOUNDS															
IV. Acrolein (107-02-8)			x												
2V. Acrylonitrile (107-13-1)			x												
3V. Benzene (71-43-2)			x												
5V. Bromoform (75-25-2)			x												
6V. Carbon Tetrachloride (56-23-5)			x												
7V. Chloro- benzene (108-90-7)			x												
8V. Chlorodibro- momethane (124-48-1)			x												

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
9V. Chloroethane (74-00-3)			x												
10V. 2-Chloro-ethylvinyl Ether (110-75-8)			x												
11V. Chloroform (67-66-3)			x												
12V. Dichloro-bromomethane (75-71-8)			x												
14V. 1,1-Dichloroethane (75-34-3)			x												
15V. 1,2-Dichloroethane (107-06-2)			x												
16V. 1,1-Dichloroethylene (75-35-4)			x												
17V. 1,2-Di-chloropropane (78-87-5)			x												
18V. 1,3-Dichloropro-pylene (452-75-6)			x												
19V. Ethyl-benzene (100-41-4)			x												
20V. Methyl Bromide (74-83-9)			x												

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No. of Analyses	
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass		
21V. Methyl Chloride (74-87-3)			x													
22V. Methylene Chloride (75-00-2)			x													
23V. 1,1,2,2- Tetrachloro- ethane (79-34-5)			x													
24V. Tetrachloro- ethylene (127-18-4)			x													
25V. Toluene (108-88-3)			x													
26V. 1,2-Trans- Dichloro- ethylene (156-60-5)			x													
27V. 1,1,1-Tri- chloroethane (71-55-6)			x													
28V. 1,1,2-Tri- chloroethane (79-00-5)			x													
29V. Trichloro- ethylene (79-01-6)			x													
30V. Vinyl Chloride (75-01-4)			x													

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chloro-phenol (95-57-8)			x												
2A. 2,4-Dichloro- Orophenol (120-83-2)			x												
3A. 2,4-Dimeth- ylphenol (105-67-9)			x												
4A. 4,6-Dinitro- o-cresol (534-52-1)			x												
5A. 2,4-Dinitro- phenol (51-28-5)			x												
6A. 2-Nitro- phenol (88-75-5)			x												
7A. 4-Nitro- phenol (100-02-7)			x												
8A. P-chloro-m- cresol (59-50-7)			x												
9A. Pentachloro- phenol (87-88-5)			x												
10A. Phenol (108-05-2)			x												
11A. 2,4,6-Trh- chlorophenol (88-06-2)			x												
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS															
1B. Acena- phthene (83-32-9)			x												

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
2B. Acena- phyylene (208-96-8)			x												
3B. Anthra- cene (120-12-7)			x												
4B. Benzidine (92-87-5)			x												
5B. Benzo(a)- anthracene (56-55-3)			x												
6B. Benzo(a)- pyrene (50-32-8)			x												
7B. 3,4-Benzo- fluoranthene (205-99-2)			x												
8B. Benzo(ghi) perylene (191-24-2)			x												
9B. Benzo(k)- fluoranthene (207-08-9)			x												
10B. Bis(2- chlor- oethoxy)- methane (111-91-1)															
11B. Bis (2-chlor- oisopropyl)- Ether			x												
12B. Bis (2-ethyl- hexyl)- phthalate (117-81-7)			x												

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)	
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
13B. 4-Bromo-phenyl Phenyl ether (101-55-3)			X												
14B. Butyl-benzyl phthalate (85-68-7)			X												
15B. 2-Chloro-naphthalene (7005-72-3)			X												
16B. 4-Chloro-phenyl phenyl ether (7005-72-3)			X												
17B. Chrysene (218-01-9)			X												
18B. Dibenzo-(a,h) Anthracene (53-70-3)			X												
19B. 1,2-Dichloro-benzene (95-50-1)			X												
20B. 1,3-Dichloro-Benzene (541-73-1)			X												
21B. 1,4-Dichloro-benzene (106-46-7)			X												
22B. 3,3-Dichloro-benzidine (91-94-1)			X												
23B. Diethyl Phthalate (84-66-2)			X												

Part C – Continued															
1. POLLUTANT And CAS NO. (if available)	2. MARK “X”			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No. of Analyses
				(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
24B. Dimethyl Phthalate (131-11-3)			x												
25B. Di-N- butyl Phthalate (84-74-2)			x												
26B. 2,4-Dinitro- toluene (121-14-2)			x												
27B. 2,6-Dinitro- toluene (606-20-2)			x												
28B. Di-n-octyl Phthalate (117-84-0)			x												
29B. 1,2- diphenyl- hydrazine (as azobenzene) (122-66-7)			x												
30B. Fluoranthene (208-44-0)			x												
31B. Fluorene (86-73-7)			x												
32B. Hexachloro- benzene (118-71-1)			x												
33B. Hexachloro- butadiene (87-68-3)			x												
34B. Hexachloro- cyclopenta- diene (77-47-4)			x												

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses
				(1)	(2)	(1)	(2)	(1)	(2)				(1)	(2)	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (Continued)															
35B. Hexachloroethane (67-72-1)			X												
36B. Indeneo-(1,2,3-oc)-Pyrene (193-39-5)			X												
37B. Isophorone (78-59-1)			X												
38B. Naphthalene (91-20-3)			X												
39B. Nitrobenzene (98-95-3)			X												
40B. N-Nitrosodimethylamine (62-75-9)			X												
41B. N-nitrosodipropylamine (621-64-7)			X												
42B. N-nitrosodiphenylamine (86-30-6)			X												
43B. Phenanthrene (85-01-8)			X												
44B. Pyrene (129-00-0)			X												
45B. 1,2,4 Tri-chlorobenzene (120-82-1)			X												

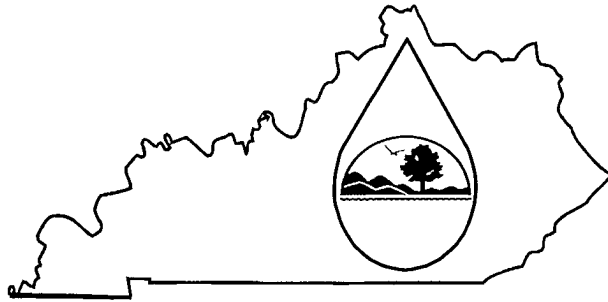
Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg. Value		b. No. of Analyses	
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass		
GC/MS FRACTION – PESTICIDES																
1P. Aldrin (309-00-2)			x													
2P. α-BHC (319-84-6)			x													
3P. β-BHC (58-89-9)			x													
4P. gamma-BHC (58-89-9)			x													
5P. δ-BHC (319-86-8)			x													
6P. Chlordane (57-74-9)			x													
7P. 4,4'-DDT (50-29-3)			x													
8P. 4,4'-DDE (72-55-9)			x													
9P. 4,4'-DDD (72-54-8)			x													
10P. Dieldrin (60-57-1)			x													
11P. α- Endosulfan (115-29-7)			x													
12P. β- Endosulfan (115-29-7)			x													
13P. Endosulfan Sulfate (1031-07-8)			x													
14P. Endrin (72-20-8)			x													

Part C – Continued

1. POLLUTANT And CAS NO. (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. Testing Required	a. Believed Present	b. Believed Absent	a. Maximum Daily Value		b. Maximum 30-Day Value (if available)		c. Long-Term Avg. Value (if available)		d. No. of Analyses	a. Concentration	b. Mass	a. Long-Term Avg Value		b. No. of Analyses	
				(1) Concentration	(2) Mass	(1) Concentration	(2) Mass	(1) Concentration	(2) Mass				(1) Concentration	(2) Mass		
GC/MS FRACTION – PESTICIDES																
15P. Endrin Aldehyde (7421-93-4)			X													
16P Heptachlor (76-44-8)			X													
17P. Heptaclor Epoxide (1024-57-3)			X													
18P. PCB-1242 (53469-21-9)			X													
19P. PCB-1254 (11097-69-1)			X													
20P. PCB-1221 (11104-28-2)			X													
21P. PCB-1232 (11141-16-5)			X													
22P. PCB-1248 (12672-29-6)			X													
23P. PCB-1260 (11096-82-5)			X													
24P. PCB-1016 (12674-11-2)			X													
25P. Toxaphene (8001-35-2)			X													

KPDES FORM F



KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

A complete application consists of this form and Form 1.
For additional information, Contact KPDES Branch, (502) 564-3410.

I. OUTFALL LOCATION

AGENCY USE

For each outfall list the latitude and longitude of its location to the nearest 15 seconds and name the receiving water.

A. Outfall Number	B. Latitude			C. Longitude			D. Receiving Water (name)
005	37	42	56	87	25	38	UT to Cash Creek
007	37	42	42	87	25	37	UT to Cash Creek

II. IMPROVEMENTS

A. Are you now required by any federal, state, or local authority to meet any implementaiton schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

1. Identification of Conditions, Agreements, Etc.	2. Affected Outfalls		3. Brief Description of Project	4. Final Compliance Date	
	No.	Source of Discharge		a. req.	b. proj.
NOT APPLICABLE					

B. You may attach additional sheets describing any additional water pollution (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

III. SITE DRAINAGE MAP

Attach a site map showing topography (or indicating the outline of drainage areas served by the outfall(s) covered in the application if a topographic map is unavailable) depicting the facility including: each of its intake and discharge structures; the drainage area of each storm water outfall; paved areas and buildings within the drainage area of each storm water outfall, each know past or present areas used for outdoor storage or disposal of significant materials, each existing structural control measure to reduce pollutants in storm water runoff, materials loading and access areas, areas where pesticides, herbicides, soil conditioners and fertilizers are applied; each of its hazardous waste treatment, storage or disposal units (including each area not required to have a RCRA permit which is used for accumulating hazardous waste under 40 CFR 262.34); each well where fluids from the facility are injected underground; springs, and other surface water bodies which receive storm water discharges from the facility.

IV. NARRATIVE DESCRIPTION OF POLLUTANT SOURCES

A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
005	0	10.67	007	0	12.52

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas; and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

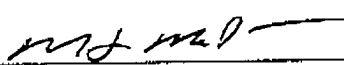
The drainage areas from Outfall 005 and 007 include the inert slag landfill, therefore slag could be exposed to storm water in this area.

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table F-1
005 and 007	Settling	I-U

V. NON-STORM WATER DISCHARGES

A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of non-storm water discharges, and that all non-storm water discharges from these outfall(s) are identified in either an accompanying Form C or Form SC application for the outfall.

Name and Official Title (type or print)	Signature	Date Signed
Michael McInnis, Manager		9/16/08

B. Provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

Observations during the construction of the unit will be conducted to help prevent non-storm water discharges in these two outfalls.

VI. SIGNIFICANT LEAKS OR SPILLS

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

None

VII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge of or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐

Yes (Identify the test(s) and describe their purposes below)

☒

No (Go to Section VIII)

VIII. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

☐

Yes (list the name, address, and telephone number of, and pollutants analyzed by each such laboratory or firm below)


☒

No (Go to Section IX)

NAME	ADDRESS	TELEPHONE (Area code & number)	POLLUTANTS ANALYZED (list)

IX. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print): Michael McInnis, Manager	TELEPHONE NUMBER (area code and number): 502-357-9901
SIGNATURE 	DATE 9/16/06

OUTFALL NO: 005

Part A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite		
Oil and Grease	<15 mg/l	N/A	<15 mg/l	N/A	0	Landfill Activites
Biological Oxygen Demand BOD ₅	~ 0	~ 0	~ 0	~ 0	0	Landfill Activites
Chemical Oxygen Demand (COD)	<75 mg/l	<75 mg/l	<75 mg/l	<75 mg/l	0	Landfill Activites
Total Suspended Solids (TSS)	<100 mg/l	<100 mg/l	<100 mg/l	<100 mg/l	0	Landfill Activites
Total Kjeldahl Nitrogen	~ 0	~ 0	~ 0	~ 0	0	Landfill Activites
Nitrate plus Nitrite Nitrogen	~ 0	~ 0	~ 0	~ 0	0	Landfill Activites
Total Phosphorus	~ 0	~ 0	~ 0	~ 0	0	Landfill Activites
pH	Minimum 6	Maximum 9	Minimum 6	Maximum 9	0	Landfill Activites

Part B - List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's KPDES permit for its process wastewater (if the facility is operating under an existing KPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

[illegible]

Part C - List each pollutant shown in Tables F-2, F-3, and F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

[illegible]

Part D - Provide data for the storm event(s) which resulted in the maximum values for the flow-weighted composite sample.

1. Date of Storm Event	2. Duration of Storm Event (in minutes)	3. Total rainfall during storm event (in inches)	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event (gal/min or specify units)	6. Total flow from rain event (gallons or specify units)
N/A					

7. Provide a description of the method of flow measurement or estimate.

N/A

OUTFALL NO: 007

Part A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite	Grab Sample Taken During 1 st 20 Minutes	Flow-weighted Composite		
Oil and Grease	<15 mg/l	N/A	<15 mg/l	N/A	0	Landfill Activites
Biological Oxygen Demand BOD ₅	~ 0	~ 0	~ 0	~ 0	0	Landfill Activites
Chemical Oxygen Demand (COD)	<75 mg/l	<75 mg/l	<75 mg/l	<75 mg/l	0	Landfill Activites
Total Suspended Solids (TSS)	<100 mg/l	<100 mg/l	<100 mg/l	<100 mg/l	0	Landfill Activites
Total Kjeldahl Nitrogen	~ 0	~ 0	~ 0	~ 0	0	Landfill Activites
Nitrate plus Nitrite Nitrogen	~ 0	~ 0	~ 0	~ 0	0	Landfill Activites
Total Phosphorus	~ 0	~ 0	~ 0	~ 0	0	Landfill Activites
pH	Minimum 6	Maximum 9	Minimum 6	Maximum 9	0	Landfill Activites

Part B - List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's KPDES permit for its process wastewater (if the facility is operating under an existing KPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

[illegible]

Part C - List each pollutant shown in Tables F-2, F-3, and F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

[illegible]

Part D - Provide data for the storm event(s) which resulted in the maximum values for the flow-weighted composite sample.

1. Date of Storm Event	2. Duration of Storm Event (in minutes)	3. Total rainfall during storm event (in inches)	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Maximum flow rate during rain event (gal/min or specify units)	6. Total flow from rain event (gallons or specify units)
N/A					

7. Provide a description of the method of flow measurement or estimate.

N/A